

**City of Seattle**

Department of Planning and Development
 Applicant Services Center
 700 Fifth Avenue, Suite 2000
 P. O. Box 34019
 Seattle, WA 98124-4019
 (206) 684-8850
www.seattle.gov/dpd

Project #: _____

Tracking #: _____

ASC COUNTER APPLICATION

☐ STFI Screening Inspector Authorized* Sprinkler only Project Impact

Inspector: _____

Property Address: _____
 Scope of Work: _____

THIS SECTION TO BE FILLED IN BY BUILDING OFFICIAL

Building ID # _____	GIS Map # _____	Zoning: _____	Est. Value: \$ _____
Permit P/U Mail _____	ECA/ESA _____	ECA Category # _____	Shoreline _____
1 set Location Plan	Yes	No	DPD Value: _____
2 sets Plot Plan	Yes	No	Alterations: \$ _____
2 sets Elevation Plan	Yes	No	New: \$ _____
2 sets Floor Plan	Yes	No	Total: \$ _____
2 sets Structural Plans	Yes	No	PERMIT COST
1 set Structural Calc's	Yes	No	Permit \$ _____
			Review \$ _____
			Demolition \$ _____
			Investigation \$ _____
			Site Inspection \$ _____
			Other \$ _____
			Bldg Surcharge \$ _____
Receipt Number: _____			TOTAL \$ _____
Intake Staff (initials) _____ Date: _____			
Address Established (initials and okay) _____			
Addressing Records Worksheet Completed: _____ (date)			

THIS SECTION TO BE FILLED IN BY APPLICANT

Legal Description (if legal is too long, attach it to this form. If you do not have the information, call 296-7300 for your legal description and APN):

Owner/Lessee _____ Assessor's Parcel Number _____
 Contact Person _____ Phone: _____
 Mailing Address _____ City _____ Zip _____
 Relocation Exempt: _____ Owner Occupied _____ No Residential Tenant Displacement _____

I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT

Applicant's Signature: _____ Date: _____
 Applicant's Name (PLEASE PRINT) _____
 Relationship to Project (CHECK ONE)
 Owner Lessee Licensed Architect Licensed Engineer Owner's Agent Contractor

Agent Statement: I certify that I am authorized by the owner/lessee to act as agent on their behalf for the purpose of obtaining this permit.

Agent's Signature: _____

*** NOTE:** All permits are subject to review and approval by DPD staff for compliance with zoning, ECA, Land Use and/or other department requirements

DPD Use Only

Project No.: _____

PLAN TYPE:

(AR)	New Multi Family (> 2 units)	(SC)	New Single Family with ADU
(CI)	Commercial STFI	(SE)	Expedited Single Family-no outside routing
(CE)	Expedited Commercial-no outside routing	(SF)	New Single Family Fast Track
(CP)	Expedited Commercial-with outside routing	(SI)	Single Family STFI
(CX)	Commercial Addition / Alt. Routed	(SP)	Expedited Single Family with outside routing
(GR)	Grading Only	(SR)	New Single Family
(LO)	Establish Use for the Record	(SX)	Single Family Addition / Alteration routed
(NR)	New Commercial / Mixed Use	(SB)	New ADU in Existing Single Family

ROUTING LOCATIONS:

Req	Code	Location	Req	Code	Location
	E/M	Energy / Mechanical (non single family)		PP	Plot Plan (SPU)
	OE	Engineering Only – Ordinance / Structural		QD	Quick Drainage
	HE	Health		QF	Quick Fire
	OS	Ordinance / Structural		SC-B	Screener Bldg _____ initials
	OIN	OTC Intake		SC-Z	Screener LU _____ initials
	OP	OTC Process		SO	Soils
	OIS	OTC Issue		TRAO	TRAO
	OO	OTC O/S Checklist		W	Water
	OZ	OTC Zoning		Z	Zoning
	Addr	Addressing			
	BI	Initial Processing			

PROJECT INFORMATION:

Special Inspections:		Yes		No		Certificate of Occupancy Required?		Yes		No	
Priority Project?	Yes	No	Priority level	= 1	Sprinkler system location:	N/A	Throughout	Partial			
				= 2							
				= 3							
Modified Target Date?		Yes		No		If yes, indicate what it is:		IP Hours (cons't):			
Existing Units:			New Units:			Demo Units:			Total Units:		

BLDG ID	USE PER LAND USE CODE	Units Per Bldg	Cons't. Type			Storys	No. of Bsmt	Value per Bldg
			V-B	V-A	IV-HT			\$
			III-B	III-A	II-B			
			II-A	II-FR	I-A			
			V-B	V-A	IV-HT			\$
			III-B	III-A	II-B			
			II-A	II-FR	I-A			
OCCUPANT LOAD(S):							TOTAL	\$

PROJECT DESCRIPTION:

Project Type	

COMMENTS: